

OFFICE
OCT 16 2002
UNITED STATES PATENT AND TRADEMARK OFFICE

DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

#3

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As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled: **NOVEL METHOD TO ENHANCE MICROARRAY SURFACE SENSITIVITY AND DISCRIMINATION EFFICIENCY**, the specification of which [check one(s) applicable]

- ☒ was filed October 22, 2001 as United States Patent Application No. 10/062,972;
- ☐ and was amended by Amendment filed _____ (if applicable); or
- ☐ is attached to this Declaration, Power of Attorney and Power to Inspect;

that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(a) (37 C.F.R. §1.56(a)).

CLAIM UNDER 35 U.S.C. §119(e): I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below:

Provisional App. No.	Filing Date	Day/Mo/Year
60/344,110	27 October 2000	27-10-2000

POWER OF ATTORNEY: As inventor, I hereby appoint **DAW, DORFMAN, KERRILL AND SKILLMAN, P.C.** of Philadelphia, Pennsylvania, and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith: **Barbara J. Nagun, Esq. No. 27,661** and **Kathleen D. Rigout, Ph.D., Reg. 43,047**.

POWER TO INSPECT: I hereby give **DAW, DORFMAN, KERRILL AND SKILLMAN, P.C.** of Philadelphia, Pennsylvania or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application.

SEND CORRESPONDENCE TO: **CUSTOMER NUMBER 400110**

DIRECT INQUIRIES TO: Telephone: (215) 563-6109
Facsimile: (215) 563-4046

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST JOINT INVENTOR

SECOND JOINT INVENTOR (IF ANY)

Full Name David J. Grimes
First Middle Last
Signature [Signature]
Date Oct. 9, 2002
Residence DEVON, CHESTER CO.
City State or Country
Citizenship US
Post Office Address: 221 Highland Ave.
Street Address
City Devon State or Country PA Zip Code 19333

Full Name David Grimes
First Middle Last
Signature _____
Date _____
Residence PA
City State or Country
Citizenship _____
Post Office Address: _____
Street Address _____
City State or Country Zip Code

Center for Technology Transfer
Justin Watkins
6508

UNION JOINT INVENTOR (IF ANY)

Full Name Richard John du
First Middle Last

Signature _____

Date _____

Residence _____
City State or Country

Citizenship _____

Post Office Address: _____

Street Address _____

City State or Country Zip Code

FIFTH JOINT INVENTOR (IF ANY)

Full Name Paul Harvey Law
First Middle Last

Signature _____

Date _____

Residence _____
City State or Country

Citizenship _____

Post Office Address: _____

Street Address _____

City State or Country Zip Code

SECOND JOINT INVENTOR (IF ANY)

Full Name Paul Harvey Law
First Middle Last

Signature _____

Date _____

Residence _____
City State or Country

Citizenship _____

Post Office Address: _____

Street Address _____

City State or Country Zip Code

SIXTH JOINT INVENTOR (IF ANY)

Full Name Steve Harvey Law
First Middle Last

Signature _____

Date _____

Residence _____
City State or Country

Citizenship _____

Post Office Address: _____

Street Address _____

City State or Country Zip Code

DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled: **NOVEL METHOD TO ENHANCE MICROARRAY SURFACE DENSITY AND HYBRIDIZATION EFFICIENCY**, the specification of which (check one(s) applicable)

☒ was filed October 22, 2001 as United States Patent Application No. 10/052,972;
☐ and was amended by Amendment filed _____ (if applicable); or
☐ is attached to this Declaration, Power of Attorney and Power to Inspect;

that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(a) (37 C.F.R. §1.56(a)).

CLAIM OWNER 35 U.S.C. §119(e): I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below:

<u>Provisional Appln No.</u>	<u>Filing Date</u>	<u>Exp/No/Year</u>
60/244,110	37 October 2000	27-10-2000

POWER OF ATTORNEY: As inventor, I hereby appoint **DANN, DORFMAN, KERRILL AND SKILLMAN, P.C.** of Philadelphia, Pennsylvania, and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith: **Patrick J. Egan, Reg. No. 37,443 and Kathleen D. Riggs, Ph.D., Reg. 43,047.**

POWER TO INSPECT: I hereby give **DANN, DORFMAN, KERRILL AND SKILLMAN, P.C.** of Philadelphia, Pennsylvania or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application.

SEND CORRESPONDENCE TO: **CUSTOMER NUMBER 500120**

DIRECT INQUIRIES TO: Telephone: (215) 563-4100
 Facsimile: (215) 563-4044

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST JOINT INVENTOR

SECOND JOINT INVENTOR (IF ANY)

Full Name David J. Grewal
 First Middle Last

Signature _____

Date _____

Residence _____
 City State or Country

Citizenship _____

Post Office Address: _____

Street Address _____

City _____ State or Country _____ Zip Code _____

Full Name David J. Grewal
 First Middle Last

Signature David Grewal

Date 10/10/02

Residence Germentown MD
 City State or Country

Citizenship USA

Post Office Address: _____

Street Address 20526 Amethyst Lane

City Germentown MD 20874

City _____ State or Country _____ Zip Code _____

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TRADEMARK OFFICE

Full Name Richard John III
First Middle Last
Signature _____
Date _____
Residence _____
City State or Country
Citizenship _____
Post Office Address: _____
Street Address _____
City State or Country Zip Code

THIRD JOINT INVENTOR (IF ANY)

Full Name Saul Bugrov
First Middle Last
Signature _____
Date _____
Residence _____
City State or Country
Citizenship _____
Post Office Address: _____
Street Address _____
City State or Country Zip Code

Full Name Paul
First Middle Last
Signature _____
Date _____
Residence _____
City State or Country
Citizenship _____
Post Office Address: _____
Street Address _____
City State or Country Zip Code

FOURTH JOINT INVENTOR (IF ANY)

Full Name Steve McKenzie
First Middle Last
Signature _____
Date _____
Residence _____
City State or Country
Citizenship _____
Post Office Address: _____
Street Address _____
City State or Country Zip Code

OCT 16 2002
PATENT & TRADEMARK OFFICE

DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declare:
that my residence, post office address and citizenship are as stated below
next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled: **NOVEL METHOD TO ENHANCE MICROARRAY SURFACE DENSITY AND HYBRIDIZATION EFFICIENCY**, the specification of which (check one(s) applicable)

- ☒ was filed October 23, 2001 as United States Patent Application No. 10/052,972;
- ☐ and was amended by Amendment filed _____ (if applicable); or
- ☐ is attached to this Declaration, Power of Attorney and Power to Inspect:

that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 54(a) (37 C.F.R. 21.36(a)).

CLAIM UNDER 35 U.S.C. 311(e): I hereby claim the benefit under 35 U.S.C. 311(e) of any United States provisional application(s) listed below:

Provisional Appn No.	Filing Date	Day/Mo/YEAR
60/244,110	27 October 2000	27-10-2000

POWER OF ATTORNEY: As inventor, I hereby appoint **DANN, DORFMAN, KENKELL AND SKILLMAN, P.C.** of Philadelphia, Pennsylvania, and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith: **Patrick J. Magan, Reg. No. 27,643 and Kathleen B. Magan, Ph.D., Reg. 43,047.**

POWER TO INSPECT: I hereby give **DANN, DORFMAN, KENKELL AND SKILLMAN, P.C.** of Philadelphia, Pennsylvania or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application.

SEND CORRESPONDENCE TO: CUSTOMER NUMBER 000110
DIRECT INQUIRIES TO: Telephone: (215) 661-4100
Facsimile: (215) 563-4044

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST JOINT INVENTOR			SECOND JOINT INVENTOR (IF ANY)		
Full Name <u>David</u>	<u>J.</u>	<u>CEASAR</u>	Full Name <u>David</u>		<u>CEASAR</u>
First	Middle	Last	First	Middle	Last
Signature _____			Signature _____		
Date _____			Date _____		
Residence _____			Residence _____		
City _____ State or Country _____			City _____ State or Country _____		
Citizenship _____			Citizenship _____		
Post Office Address _____			Post Office Address _____		
Street Address _____			Street Address _____		
City _____ State or Country _____ Zip Code _____			City _____ State or Country _____ Zip Code _____		

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THIRD JOINT INVENTOR (IF ANY)

Full Name Richard Hyatt Sy
 First Middle Last
 Signature Richard Hyatt Sy
 Date 10/11/02
 Residence Arcadia CA 91006
 City State or Country Zip Code
 Citizenship U.S.A
 Post Office Address:
1308 S. First Ave.
 Street Address
Arcadia CA 91006
 City State or Country Zip Code

FIFTH JOINT INVENTOR (IF ANY)

Full Name Ray McKenzie
 First Middle Last
 Signature _____
 Date _____
 Residence _____
 City State or Country
 Citizenship _____
 Post Office Address:
 Street Address
 City State or Country Zip Code

Dann Dorfman Phil

NO. 126 P. 304
 FOURTH JOINT INVENTOR (IF ANY)

Full Name Paul Fortino
 First Middle Last
 Signature _____
 Date _____
 Residence _____
 City State or Country
 Citizenship _____
 Post Office Address:
 Street Address
 City State or Country Zip Code

SIXTH JOINT INVENTOR (IF ANY)

Full Name Steve McKenzie
 First Middle Last
 Signature _____
 Date _____
 Residence _____
 City State or Country
 Citizenship _____
 Post Office Address:
 Street Address
 City State or Country Zip Code

DECLARATION POWER OF ATTORNEY AND POWER INSPECT

OCT-16 2002

As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled: NOVEL METHOD TO ENHANCE MICROARRAY SURFACE DENSITY AND HYBRIDIZATION EFFICIENCY, the specification of which (check one(s) applicable)

X was filed October 29, 2001 as United States Patent Application No. 10/052,972;
— and was amended by Amendment filed — (if applicable); or
— is attached to this Declaration, Power of Attorney and Power to Inspect;

that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(a) [37 C.F.R. §1.56(a)].

CLAIM UNDER 35 U.S.C. §119(e): I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below:

<u>Provisional Appln No.</u>	<u>Filing Date</u>	<u>Day/Mo/Year</u>
60/244,110	27 October 2000	27-10-2000

POWER OF ATTORNEY: As inventor, I hereby appoint DANN, DORFMAN, HERRELL AND SKILLMAN, P.C. of Philadelphia, Pennsylvania, and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith: Patrick J. Hagan, Reg. No. 27,643 and Kathleen D. Rigaut, Ph.D., Reg. 43,047.

POWER TO INSPECT: I hereby give DANN, DORFMAN, HERRELL AND SKILLMAN, P.C. of Philadelphia, Pennsylvania or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application.

SEND CORRESPONDENCE TO: CUSTOMER NUMBER 000110

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Facsimile: (215) 563-4044

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SOLE OR FIRST JOINT INVENTOR

SECOND JOINT INVENTOR (IF ANY)

Full Name David J. Graves
First Middle Last

Full Name David Corrao
First Middle Last

Signature _____

Signature _____

Date _____

Date _____

Residence _____
City State or Country

Residence _____
City State or Country

Citizenship _____

Citizenship _____

Post Office Address: _____

Post Office Address: _____

Street Address _____

Street Address _____

City _____ State or Country _____ Zip Code _____

City _____ State or Country _____ Zip Code _____

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THIRD JOINT INVENTOR (IF ANY)

Full Name Richard Hung Ju Su
First Middle Last

Signature _____

Date _____

Residence _____
City State or Country

Citizenship _____

Post Office Address:

Street Address _____

City State or Country Zip Code

FOURTH JOINT INVENTOR (IF ANY)

Full Name Paolo Fortina
First Middle Last

Signature Paolo Fortina

Date October 10, 2002

Residence Philadelphia, PA 19103 USA
City State or Country

Citizenship USA

Post Office Address: Thomas Jefferson Univ.
Medical Office Bldg Rm 406

Street Address 1100 Walnut St. Phila, PA 19107

City State or Country Zip Code

FIFTH JOINT INVENTOR (IF ANY)

Full Name Saul Surrey
First Middle Last

Signature _____

Date _____

Residence _____
City State or Country

Citizenship _____

Post Office Address:

Street Address _____

City State or Country Zip Code

SIXTH JOINT INVENTOR (IF ANY)

Full Name Steve McKenzie
First Middle Last

Signature _____

Date _____

Residence _____
City State or Country

Citizenship _____

Post Office Address:

Street Address _____

City State or Country Zip Code

OCT 16 2002
PATENT & TRADEMARK OFFICE

DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declare:
that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled: **MOVING METHOD TO EXAMINE MICROARRAY SURFACE SENSITIVITY AND STEREOSCOPE EFFECTIVENESS**, the specification of which (check one(s) applicable)

☒ was filed October 19, 2001 as United States Patent Application No. 10/082,872;
☐ was amended by Amendment filed _____ (if applicable); or
☐ is attached to this Declaration, Power of Attorney and Power to Inspect;

that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 91(a) (37 C.F.R. 91.56(a)).

CLAIM UNDER 35 U.S.C. 311(e). I hereby claim the benefit under 35 U.S.C. 311(e) of any United States provisional application(s) listed below:

Provisional Serial No.	Filing Date	Exp./Mn/Year
60/244,110	27 October 2000	27-10-2000

POWER OF ATTORNEY: As inventor, I hereby appoint **SMITH, NORMAN, KIMMEL AND QUINNMAN, P.C.** of Philadelphia, Pennsylvania, and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith: **Patrick J. Smith, Reg. No. 27,643 and Kathleen D. Rigney, Ph.D., Reg. 43,647.**

POWER TO INSPECT: I hereby give **SMITH, NORMAN, KIMMEL AND QUINNMAN, P.C.** of Philadelphia, Pennsylvania or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application.

SEND CORRESPONDENCE TO: CUSTOMER NUMBER 000110

PHONE INQUIRIES TO: Telephone: (215) 563-4100
Facsimile: (215) 563-4044

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DATA ON FIRST JOINT INVENTOR

SECOND JOINT INVENTOR (IF ANY)

Full Name David L. Smith
First Last

Full Name David L. Smith
First Last

Signature _____

Signature _____

Date _____

Date _____

Residence _____
City State or Country

Residence _____
City State or Country

Citizenship _____

Citizenship _____

Post Office Address: _____

Post Office Address: _____

Street Address _____

Street Address _____

City State or Country Zip Code

City State or Country Zip Code

Full Name Richard Wade Ray
 First Middle Last
 Signature _____
 Date _____
 Residence _____
 City State or Country
 Citizenship _____
 Post Office Address: _____
 Street Address _____
 City State or Country Zip Code

Full Name Paul Wade Ray
 First Middle Last
 Signature _____
 Date _____
 Residence _____
 City State or Country
 Citizenship _____
 Post Office Address: _____
 Street Address _____
 City State or Country Zip Code

FIFTH JOINT INTERVIEW (27 NOV)

Full Name Paul Wade Ray
 First Middle Last
 Signature Paul W. Ray
 Date 10/9/02
 Residence CHADDS FORD PA.
 City State or Country
 Citizenship US
 Post Office Address: _____
5 GROUSE TRAIL
 Street Address _____
CHADDS FORD PA. 19317
 City State or Country Zip Code

SIXTH JOINT INTERVIEW (27 NOV)

Full Name Steven E. Mixen
 First Middle Last
 Signature Steven E. Mixen
 Date 10/9/02
 Residence SPRINGFIELD PA, USA
 City State or Country
 Citizenship US
 Post Office Address: _____
734 KELLI LN
 Street Address _____
SPRINGFIELD PA 19064
 City State or Country Zip Code